

**DECLARATION FOR UTILITY OR
DESIGN PATENT APPLICATION**
(37 CFR 1.63)Declaration
Submitted
With Initial
FilingDeclaration
Submitted after
Initial Filing
(surcharge 37 CFR
1.16 (e) required)

OR

Attorney Docket Number

50005-19

First Named Inventor

CANNON, Bret D.

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System and Method for Glass Processing and Stress Measurement

(Title of the Invention)

the specification of which

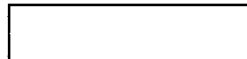
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is attached hereto

OR

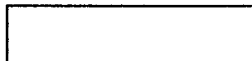


was filed on (MM/DD/YYYY)

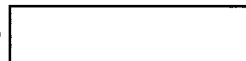


as United States

Application Number



and was amended on (MM/DD/YYYY)



(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim, as amended by any amendment specifically referred to above.

I acknowledge and hereby disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☐

Customer Number

OR

☒

Registered practioner(s) name/registration number listed below.

Place Customer
Number Bar Code
Label Here

Name	Registration Number	Name	Registration Number
John M. Bradshaw	46,573	Stephen R. May	29,255

☒

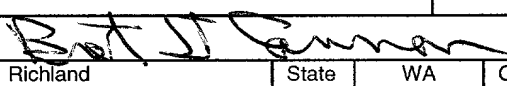
Additional registered practioner(s) named on supplemental Registered Practioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to : ☐ Customer Number Bar Code Label OR ☒ Correspondence address below

Name	John M. Bradshaw						
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])				Family Name or Surname			
Bret D.				Cannon			
Inventor's Signature						Date	7/30/2001
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Post Office Address							
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City	Richland	State	WA	ZIP	99352	Country	U.S.A.

☒Additional inventors are being name on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of Joint Inventor, if any:				A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])				Family Name or Surname	
Chester L.				Shepard	
Inventor's Signature	<i>Chester L. Shepard</i>				Date 7/31/01
Residence: City	West Richland	State	WA	Country	U.S.A.
Post Office Address					
Post Office Address	779 S. 45 th Avenue				
City	West Richland	State	WA	ZIP	99353
				Country	U.S.A.
Name of Joint Inventor, if any:				A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])				Family Name or Surname	
Mohammad A.				Khaleel	
Inventor's Signature	<i>Mohammad A. Khaleel</i>				Date 8/1/01
Residence: City	Richland	State	WA	Country	U.S.A.
Post Office Address					
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City	Richland	State	WA	ZIP	99352
				Country	U.S.A.
Name of Joint Inventor, if any:				A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])				Family Name or Surname	
Inventor's Signature					Date
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	Country